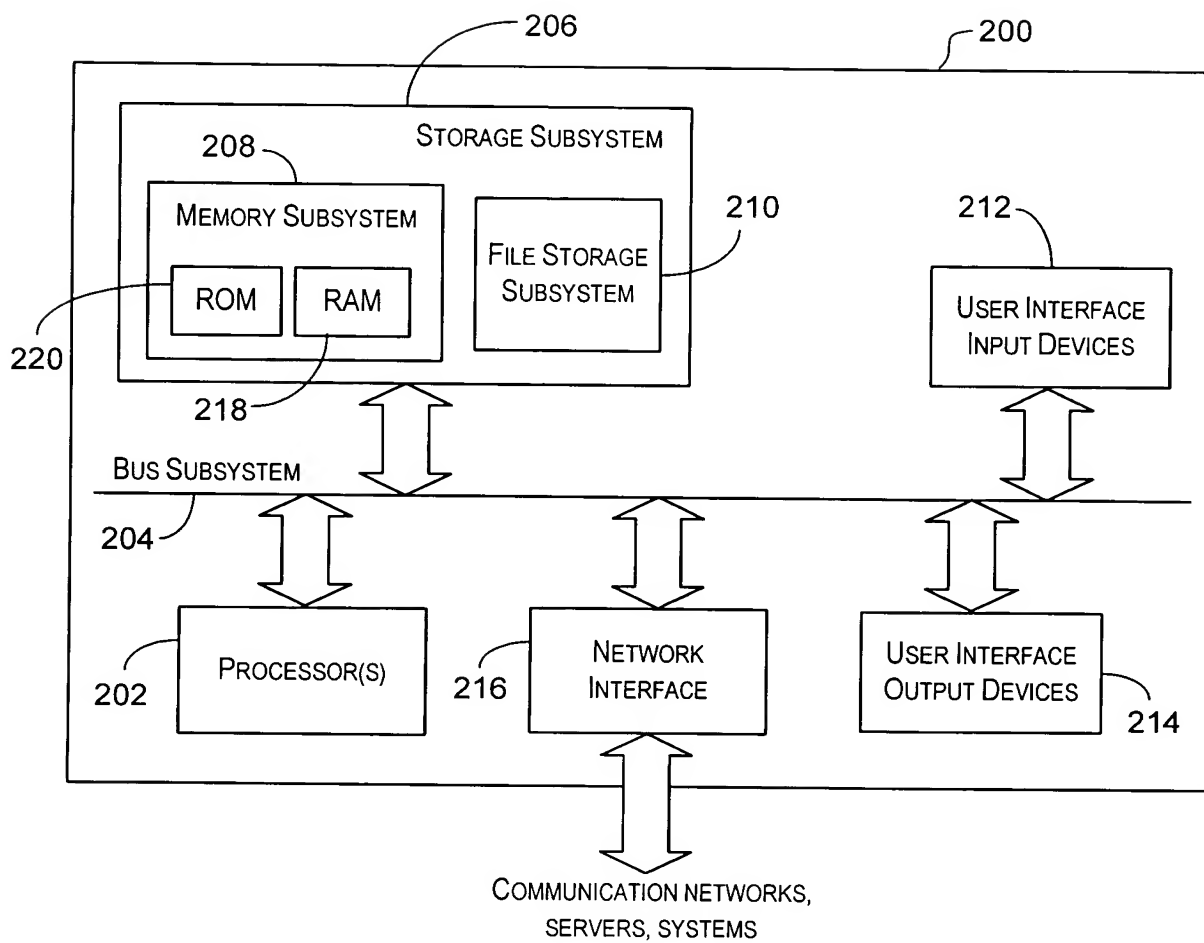
**FIG. 1**

**FIG. 2**

300

MSDHTML: DHS1100v3bFA - Microsoft Internet Explorer

File Edit View Favorites Tools Help

State of Hawaii
Department of Human Services

Medical Assistance Application

Med-QUEST Division 302

Step 1 of 2. Please tell us who you are and where you live.

306

Last Name First Name Middle

Kapricorn Thomas J

Address (Where you live)

3093 Ala Pono Place Apartment Number

1755

City State Zip Code

Honolulu HI 96888 304

Mailing Address (if it is different from where you live)

Telephone Number

Email Address

Previous Next Step Exit 308

FIG. 3

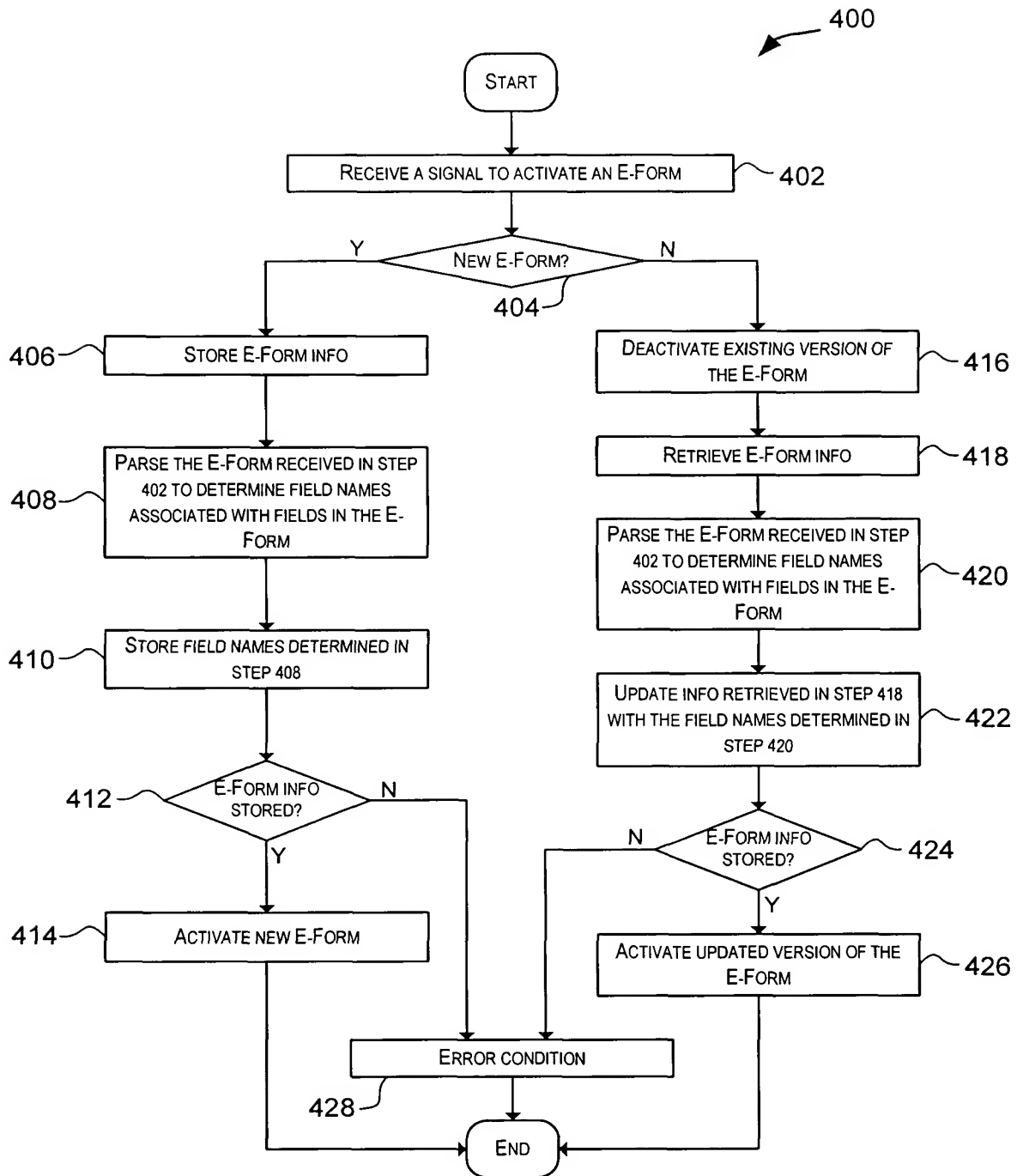
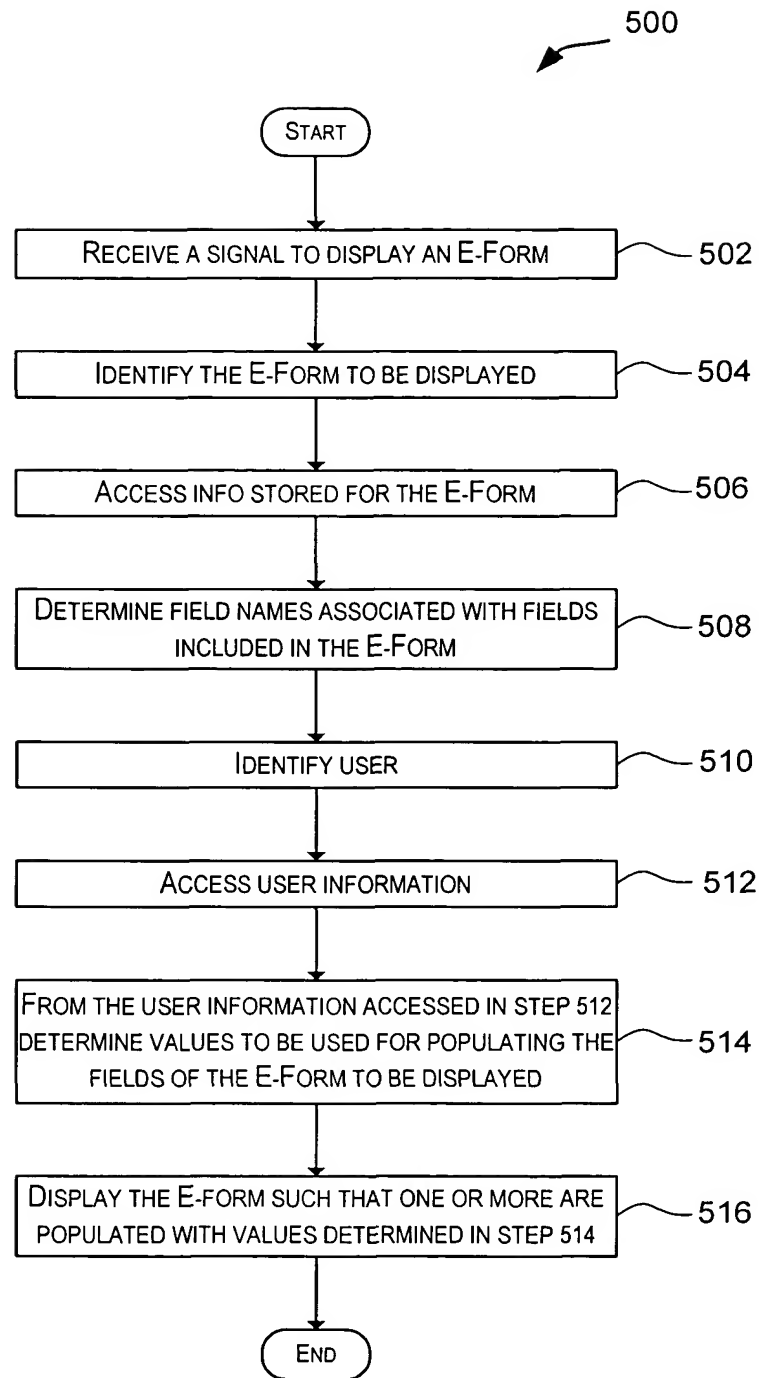
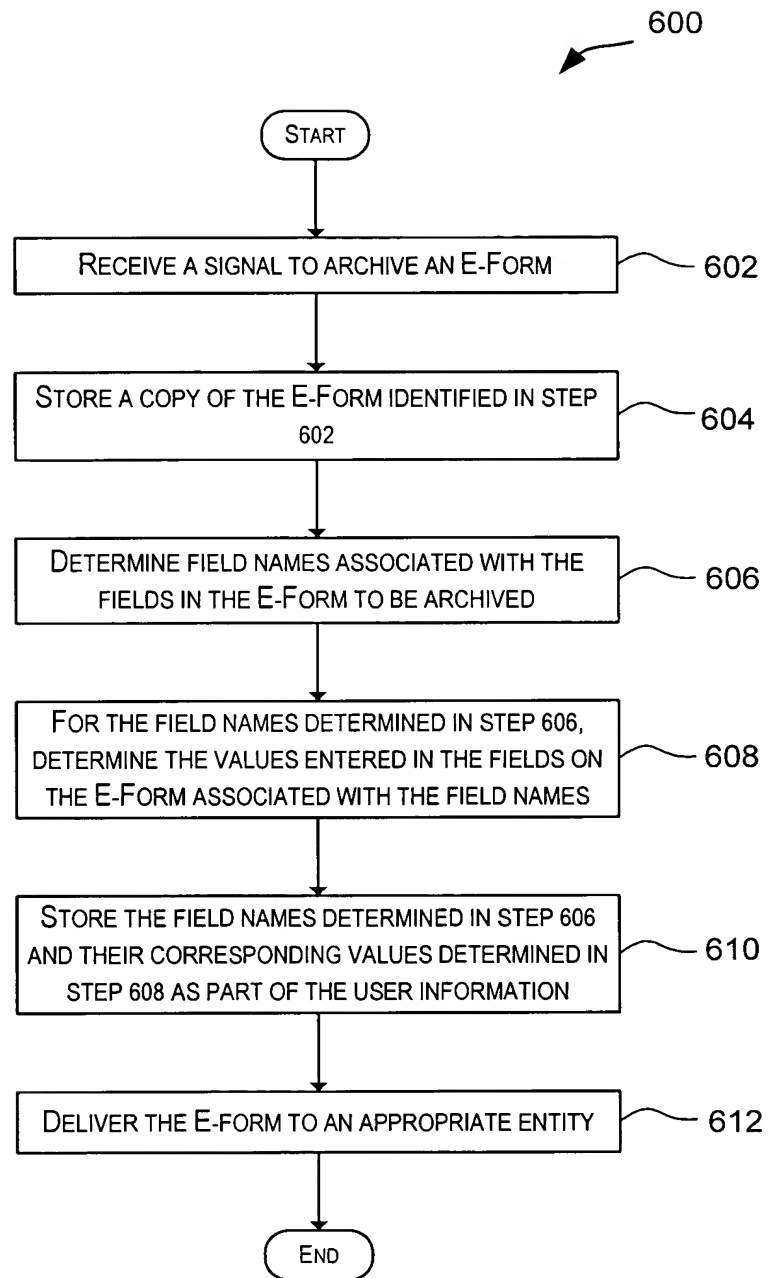


FIG. 4

**FIG. 5**

**FIG. 6**

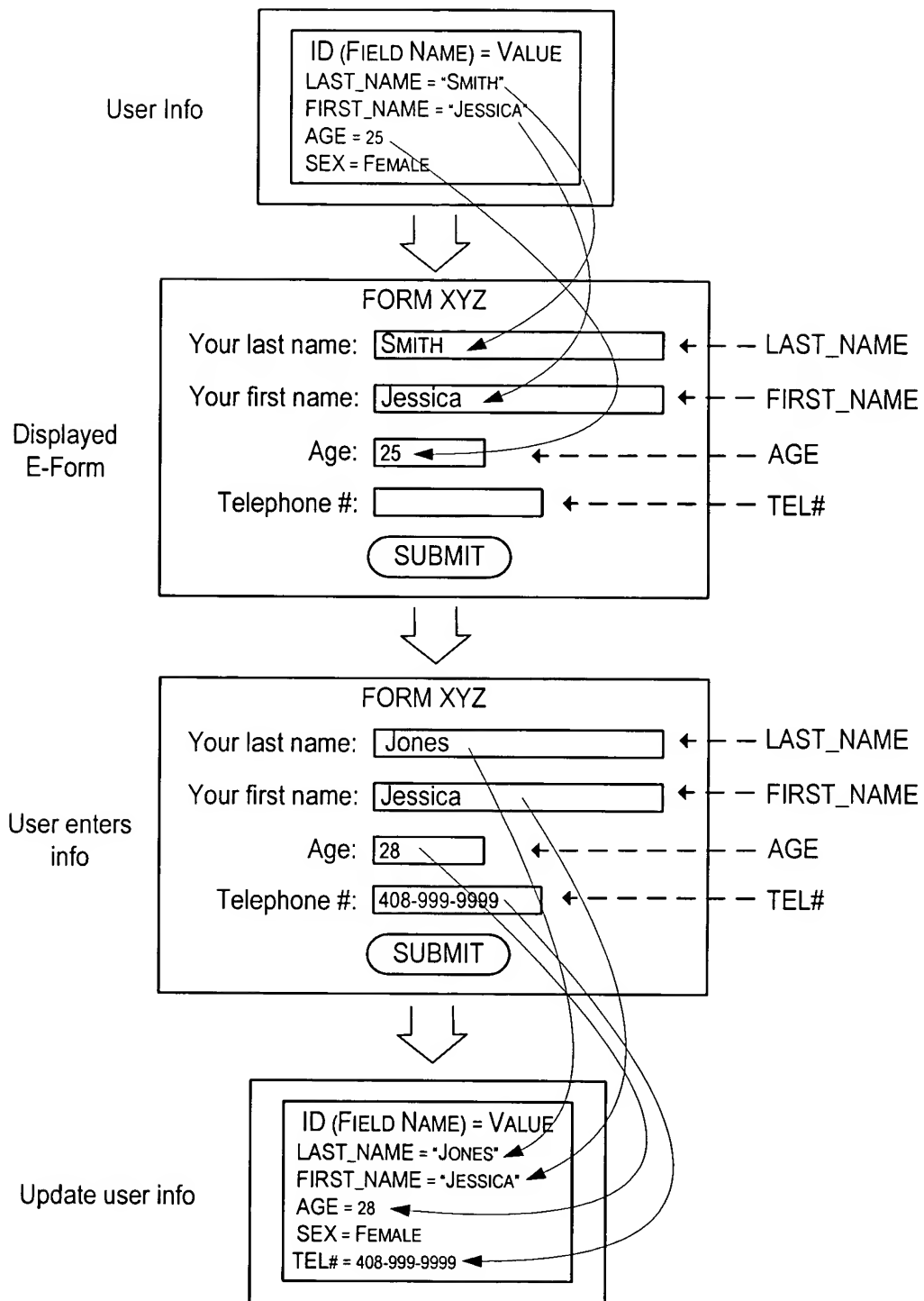


FIG. 7

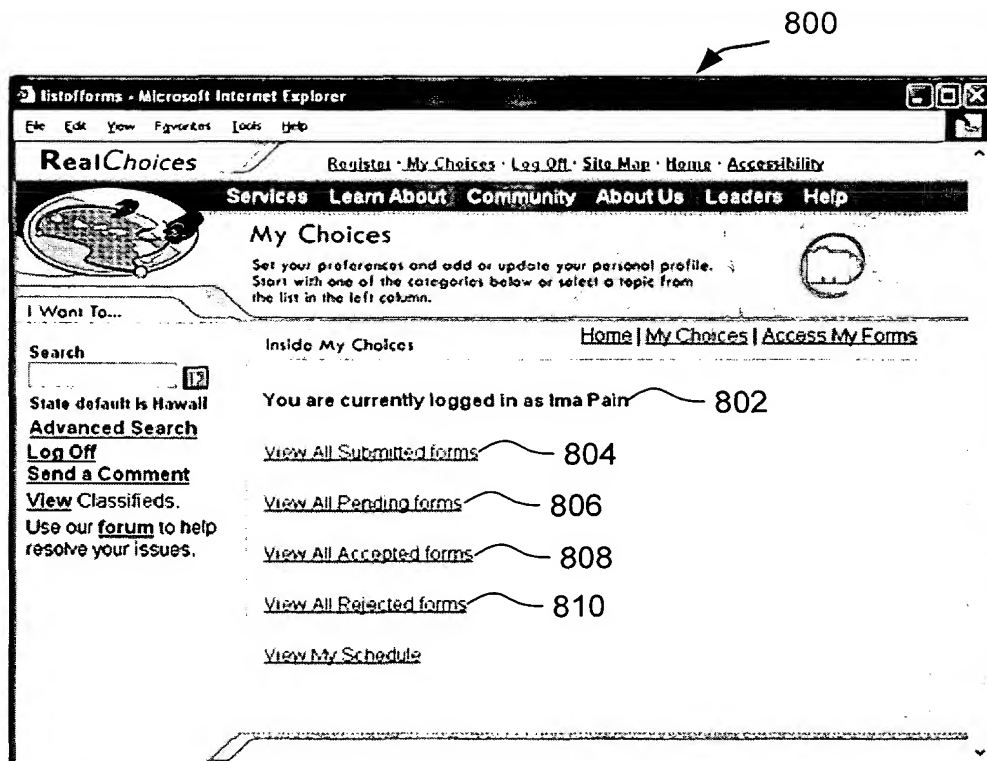


FIG. 8

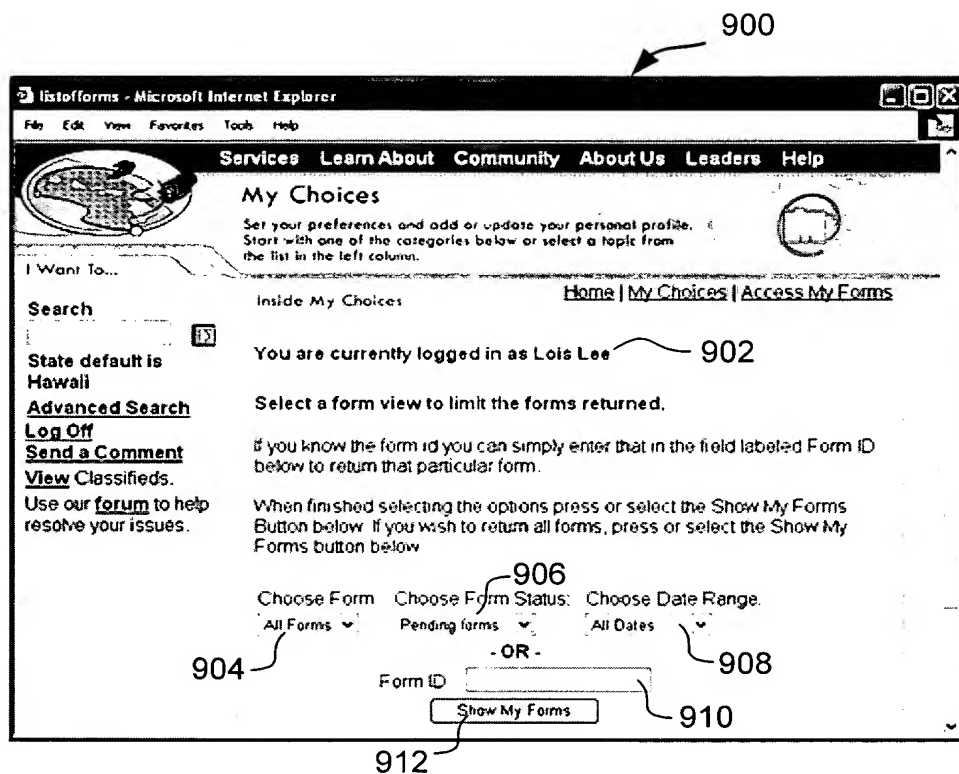


FIG. 9

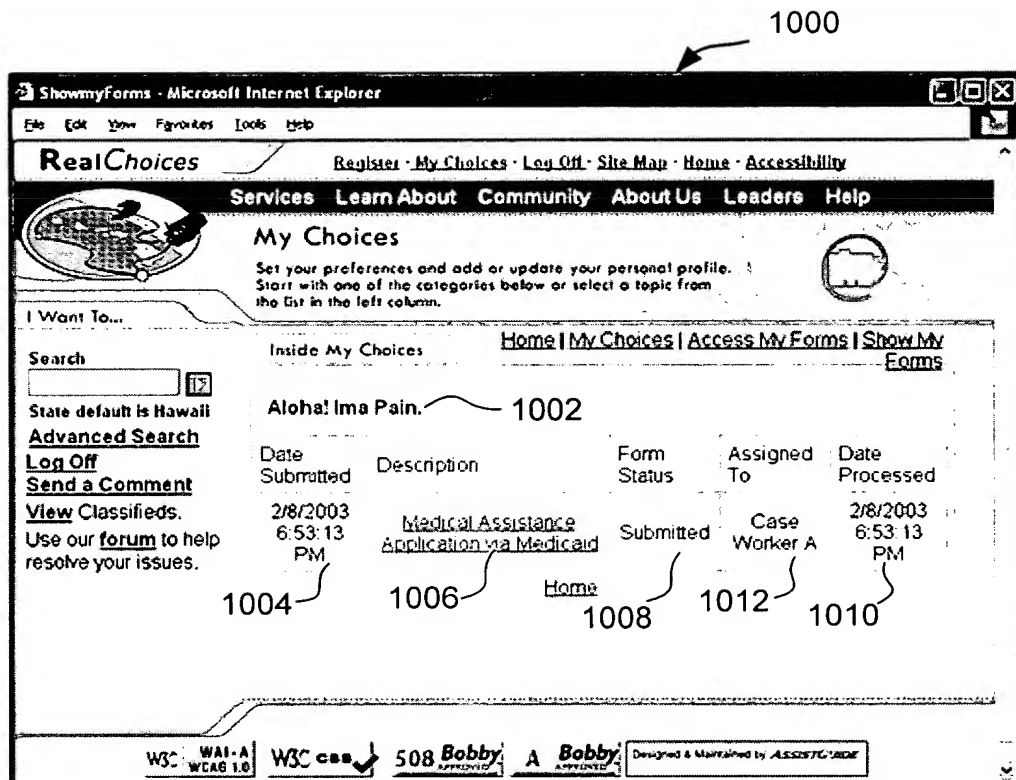


FIG. 10

1100

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[Services](#) [Learn About](#) [Community](#) [About Us](#) [Leaders](#) [Help](#)

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State default is Hawaii

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You are currently logged in as Lois Lee **1102**

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13 Forms Returned (Page 1 of 4) Forms per page: 4 Go to page 1

[Previous Page](#) [Next Page](#)

Form ID	Date Submitted	Form Name	Date Processed
24	2/8/2003 12 00 00 AM	Financial Assistance Application via Medicaid	
29	2/8/2003 12 00 00 AM	Foodstamps Application via Medicaid	
32	2/8/2003 12 00 00 AM	Medical Assistance Application via Medicaid	
33	2/8/2003 12 00 00 AM	Medical Assistance Application via Medicaid	

FIG. 11

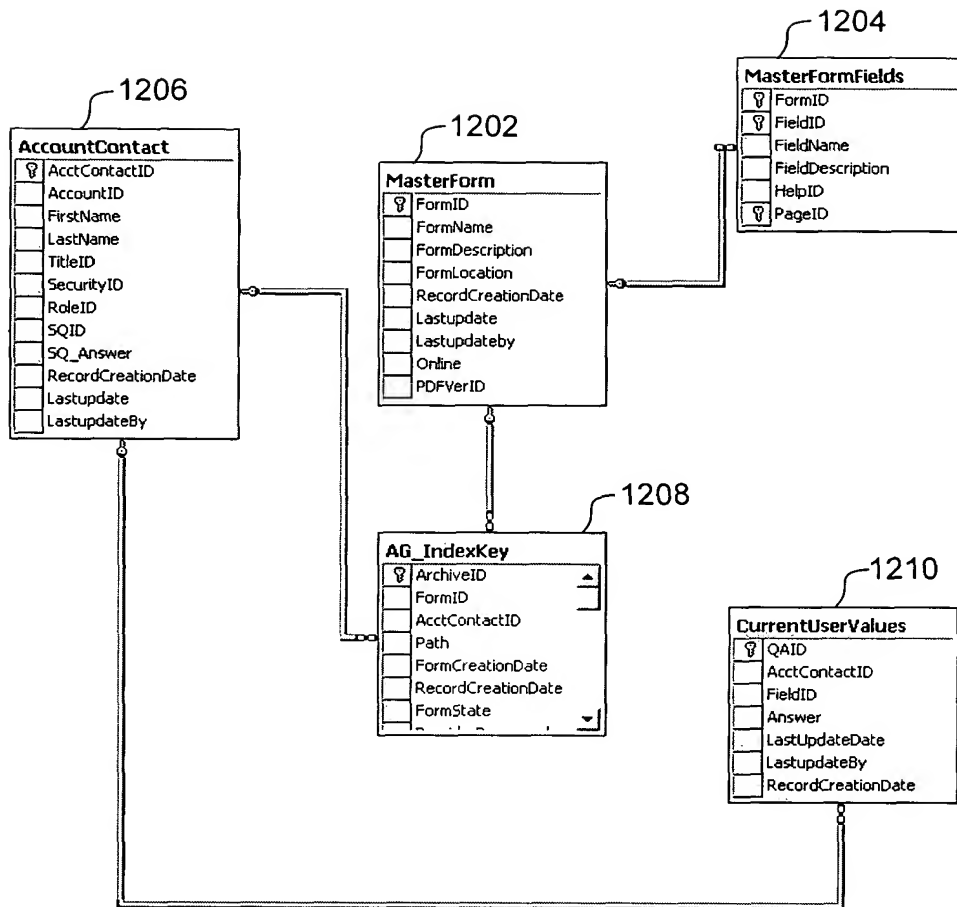


FIG. 12A

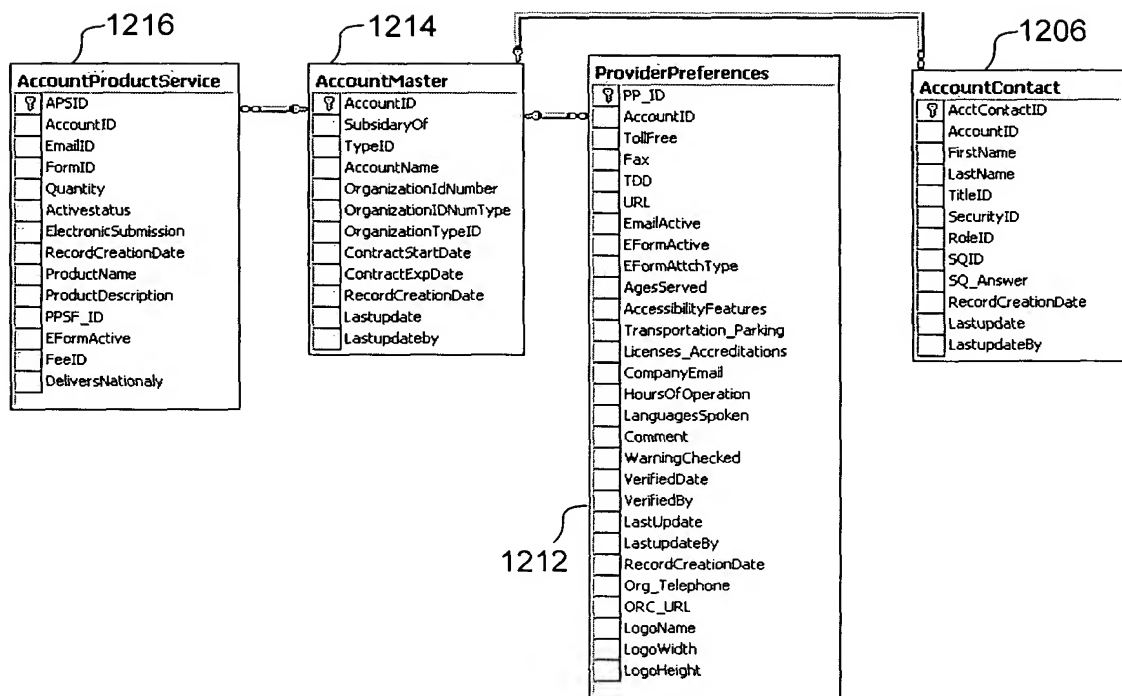


FIG. 12B